

**From:** [Bryan J Pesta](#)  
**To:** [Emil O. W. Kirkegaard](#); [John Fuerst](#)  
**Subject:** Fw: Affiliate Request / Approval  
**Date:** Tuesday, October 16, 2018 10:05:40 AM  
**Attachments:** [affiliate\\_request.pdf](#)

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FYI

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**From:** Bryan J Pesta  
**Sent:** Tuesday, October 16, 2018 10:04 AM  
**To:** Kenneth J Dunegan  
**Subject:** Affiliate Request / Approval

Hi Ken,

Sorry to bug you. When you have a minute, could you print/sign the two affiliate request forms attached here (the PDW forms do not need to be signed)? This is assuming you approve of the request.

Basically, I have two research colleagues who are currently not affiliated with a university. Approving them for CSU would allow them to do things like browse journals by logging into our library.

I can pick them up tomorrow-- or whenever you get a chance to check them out.

Thanks!

B



# Cleveland State University

## Department of Human Resources

### Affiliate Request Form

This form is to be used to request, continue and terminate an Affiliate appointment. Affiliates are **not** employees of CSU and are set up for access privileges only. Access will be granted once all paperwork has been processed in Human Resources.

To obtain user and password information for various University systems, contact the IS&T Help Desk at extension 5050.

For instructions to obtain a Viking Card, call extension 9888. For instructions to obtain parking, contact Parking and Transportation Services at extension 2023.

#### Print or Type the following information

Action: <input checked="" type="checkbox"/> Initial Request <input type="checkbox"/> Continuation <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Termination <input type="checkbox"/> Other _____	
<i>Note: System access will inactivate on the end date indicated below. Expired Affiliate appointments greater than 60 days will be terminated unless a "continuation" request form has been processed.</i>	
Effective Date: 10/19/2018	End Date: 10/19/2019
Affiliate Name: John Fuerst	CSU ID (if applicable):
Affiliate Title (if applicable): Mr.	HR Department Name:
Supervisor Name: Bryan Pesta	Supervisor Position Number:
<b>Initial Requests Only (complete section below)</b>	
Will this individual be teaching in any capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
___90099N (Set Up for Access Privileges) ___90096N (Non-Paid Lecturer Affiliate) ___38430N Visiting Scholar	
Reason for request: Individual wishes to volunteer as a research assistant to gain experience in the field.	
Summary of responsibilities: Individual will prepare data applications, prepare data for analysis, analyze data, and aid in writing up reports.	
To avoid issues with student status, is this person a student? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

*Attach a completed Personal Data Worksheet (PDW) and any other supporting documentation (volunteer agreement, appointment letter, etc.), and forward all paperwork to Human Resources/Data Center.*

*A Personnel Action Worksheet (PAW) is not required.*

Bryan Pesta Professor 4749 10/16/18  
Requestor Name (please print) Title Extension Date

\_\_\_\_\_  
HR Liaison Approval Title Extension Date

\_\_\_\_\_  
Director / Dean / Department Head (Signature) Date

#### HR Use Only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments : Job Record \_\_\_\_\_ Benefit Record \_\_\_\_\_

**Cleveland State University**  
**Department of Human Resources**

**Personal Data Worksheet**

Please Print See instructions on reverse

CSU ID# \_\_\_\_\_

\_\_\_\_ New Employee: Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_ Current Employee: Date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Fuerst John G Mr  
 Last First Middle (Name or Initial) Prefix Suffix

Marital Status: ☒ Not Married ☐ Married \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Marriage  
 Note: Marriage date is needed for benefits and tax purposes.  
 Check if name change and attach a photocopy of your new Social Security Card.  
 Former Name \_\_\_\_\_

If data is for a new hire, and a CSU ID# has not been assigned, and payroll/tax forms that include employee's Social Security Number are not attached, and the SSN is not on file, please include the Social Security Number 285-82-4314

Retiree from a State of Ohio retirement system. ☒ No ☐ Yes If yes, system name \_\_\_\_\_

Type of retirement benefit: ☐ Age and service retirement ☐ Disability ☐ Effective retirement date \_\_\_\_\_

Address Information: All address data will be entered according to established U.S. mail and University standards.  
**Address of residence to which employment related documents may be mailed, including benefits information, contracts, and W2's.**

Home Address 1088 Sherwood Dr.  
Macedonia OH 44056 Country \_\_\_\_\_ (if not USA)  
 City State Zip

Other Address Type ☐ Business ☐ Mail ☐ Other \_\_\_\_\_  
 Other Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Country \_\_\_\_\_ (if not USA)

**Continuing Ed Presenters: Please provide a daytime business address and phone**

Phone: Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Business (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Cell (319) - 396 - 6565 Other (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ (Type: \_\_\_\_\_)

Faculty & Staff may update personal information via myCSU > Employee Self-Service > myProfile.

CSU campus address and phone information is maintained by the CSU Telecommunications Department.

Gender ☒ Male ☐ Female Highest Degree Earned ☐ Less than HS ☐ High School/GED ☐ Associate's ☒ Bachelor's  
☐ Master's ☐ Doctorate ☐ Professional

Birthdate 12/21/1977  
 Birth Country USA  
 Birth State Ohio  
 Country of Citizenship USA

U.S. Citizenship Status (check one)

☒ U.S. Citizen

☐ Permanent Resident

☐ Temporary Alien \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (expiration date of employment authorization)

The following information is requested in conformity with CSU's state and federal reporting requirements and Affirmative Action policies. CSU is committed to nondiscrimination on the basis of race, color, religion, national origin, sex, age, handicap or disability, sexual orientation, disabled veteran, Vietnam era veteran or other protected veteran status and to equal access in education and employment.

- 1) Hispanic or Latino? ☐ Yes ☒ No  
 2) Select one or more of the following: ☐ American Indian/Alaskan Native ☐ Asian ☒ White  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 (Please print) Last First

Contact's Home Phone: Same as employee's #? ☐ Yes ☐ No If no, (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Contact's Other Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Type ☐ Cell? ☐ Business? ☐ Pager? ☐ Other?

Employee Signature

HR Office Use Only

Date 10/12/2018

Reviewed by

Date

Input by

Date



# Cleveland State University

## Department of Human Resources

### Affiliate Request Form

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#### Print or Type the following information

Action: <input checked="" type="checkbox"/> Initial Request <input type="checkbox"/> Continuation <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Termination <input type="checkbox"/> Other _____	
<i>Note: System access will inactivate on the end date indicated below. Expired Affiliate appointments greater than 60 days will be terminated unless a "continuation" request form has been processed.</i>	
Effective Date: 10/22/2018	End Date: 10/22/2019
Affiliate Name: Emil Kirkegaard	CSU ID (if applicable):
Affiliate Title (if applicable): Mr.	HR Department Name:
Supervisor Name: Bryan Pesta	Supervisor Position Number:
<b>Initial Requests Only (complete section below)</b>	
Will this individual be teaching in any capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
___90099N (Set Up for Access Privileges) ___90096N (Non-Paid Lecturer Affiliate) ___38430N Visiting Scholar	
Reason for request: Individual wishes to volunteer as a research assistant to gain experience in the field.	
Summary of responsibilities: Individual will prepare data applications, prepare data for analysis, analyze data, and aid in writing reports	
To avoid issues with student status, is this person a student? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

*Attach a completed Personal Data Worksheet (PDW) and any other supporting documentation (volunteer agreement, appointment letter, etc.), and forward all paperwork to Human Resources/Data Center.*

*A Personnel Action Worksheet (PAW) is not required.*

Requestor Name (please print) Bryan Pesta Title Professor Extension 4749 Date 10/16/18

HR Liaison Approval \_\_\_\_\_ Title \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_

Director / Dean / Department Head (Signature) \_\_\_\_\_ Date \_\_\_\_\_

#### HR Use Only

Reviewed by: _____	Date: _____	Entered by: _____	Date: _____
Comments: Job Record _____ Benefit Record _____			

**Cleveland State University**  
**Department of Human Resources**

**Personal Data Worksheet**

Please Print See instructions on reverse

CSU ID# \_\_\_\_\_

New Employee: Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Employee: Date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Emil Keyserl Last Emil First E.O. Middle (Name or Initial) Mr. Prefix  Suffix

Marital Status: ☒ Not Married ☐ Married \_\_\_\_/\_\_\_\_/\_\_\_\_ Check if name change and attach a photocopy of your new Social Security Card.

Date of Marriage  Former Name   
 Note: Marriage date is needed for benefits and tax purposes.

If data is for a new hire, and a CSU ID# has not been assigned, and payroll/tax forms that include employee's Social Security Number are not attached, and the SSN is not on file, please include the Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Retiree from a State of Ohio retirement system. ☒ No ☒ Yes If yes, system name \_\_\_\_\_

Type of retirement benefit: \_\_\_\_ Age and service retirement \_\_\_\_ Disability \_\_\_\_ Effective retirement date \_\_\_\_

Address Information: All address data will be entered according to established U.S. mail and University standards.

Address of residence to which employment related documents may be mailed, including benefits information, contracts, and W2's.

Home Address 60 Paterson Street  
 City New Brunswick State NJ Zip 08901 Country  (if not USA)

Other Address Type \_\_\_\_ Business \_\_\_\_ Mail \_\_\_\_ Other \_\_\_\_

Other Address   
 City  State  Zip  Country  (if not USA)

Continuing Ed Presenters: Please provide a daytime business address and phone

Phone: Home (\_\_\_\_) - \_\_\_\_-\_\_\_\_ Business (\_\_\_\_) - \_\_\_\_-\_\_\_\_  
 Cell (\_\_\_\_) - 8484640925 Other (\_\_\_\_) - \_\_\_\_-\_\_\_\_ (Type: \_\_\_\_)

Faculty & Staff may update personal information via myCSU > Employee Self-Service > myProfile.

CSU campus address and phone information is maintained by the CSU Telecommunications Department.

Gender ☒ Male ☐ Female Highest Degree Earned \_\_\_\_ Less than HS \_\_\_\_ High School/GED \_\_\_\_ Associate's \_\_\_\_ ☒ Bachelor's  
 \_\_\_\_ Master's \_\_\_\_ Doctorate \_\_\_\_ Professional

Birthdate 05/10/1989

Birth Country Denmark

Birth State

Country of Citizenship Denmark

U.S. Citizenship Status (check one)

☐ U.S. Citizen

☐ Permanent Resident

☒ Temporary Alien 12/19/2018  
 (expiration date of employment authorization)

The following information is requested in conformity with CSU's state and federal reporting requirements and Affirmative Action policies. CSU is committed to nondiscrimination on the basis of race, color, religion, national origin, sex, age, handicap or disability, sexual orientation, disabled veteran, Vietnam era veteran or other protected veteran status and to equal access in education and employment.

1) Hispanic or Latino? \_\_\_\_ Yes ☒ No

2) Select one or more of the following: \_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Asian ☒ White  
 \_\_\_\_ Black or African American \_\_\_\_ Native Hawaiian or Other Pacific Islander

Emergency Contact: Name  (Please print) Last  First  Relationship

Contact's Home Phone: Same as employee's #? \_\_\_\_ Yes \_\_\_\_ No If no, (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Contact's Other Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Type \_\_\_\_ Cell? \_\_\_\_ Business? \_\_\_\_ Pager? \_\_\_\_ Other?

Employee Signature Emil Keyserl

Date 10/16/2018

HR Office Use Only

Reviewed by

Date

Input by

Date